PTO/SB/17 (10-07)
Approved for use Ihrough 08/30/2010, OMB 0651-0032
U.S. Pateni and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of	1995, no person are required to	respond to a collection				3 control numbe	
Effective on 12/08/	Complete if Known						
Fees pursuant to the Consolidated Approp	7 (ppinedinos) 7 (asime of		10/629,443-Conf. #5742				
FEE TRANSMITTAL				July 28, 2003			
For FY 2008				duardo Franco Queiroz			
		Examiner Name S. O. Flore					
X Applicant claims small entity state		7 Ut Olik		3724			
TOTAL AMOUNT OF PAYMENT	(\$) 525.00	Attorney Docket No. 04597/000N029-US0					
METHOD OF PAYMENT (check	all that apply)						
Check Credit Card Money Order None Other (please identify):							
x Deposit Account Deposit Account Number; 04-0100 Deposit Account Name: Darby & Darby P.C.							
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)							
X Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee							
x   Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17							
FEE CALCULATION							
1. BASIC FILING, SEARCH, AND E		ARCH FEES	EV 6 5 415 1	ATION FEES			
	Small Entity	Small Entity	EXAMIN	Small Entity	5		
Application Type Fee (\$	Fee (\$) Fee (\$	Fee (\$)	Fee (\$)	Fee (\$)	Fees	Paid (\$)	
Utility 310	155 510		210	105			
Design 210	105 100		130	65			
Plant 210	105 310	155	160	80			
Reissue 310	155 510	255	620	310			
Provisional 210	105 0	0	0	0 ·			
2. EXCESS CLAIM FEES						Small Entity	
Fee Description					Fee (\$)	Fee (\$)	
Each claim over 20 (including Reiss Each independent claim over 3 (including					50	25	
Multiple dependent claims	iding Reissues)				210 370	105 185	
	For (f) For	Dold (\$)	M	Itinla Danand			
Total Claims         Extra Claims         Fee (\$)         Fee Paid (\$)         Multiple Dependent Cl.           10         -20 =         0         x         25.00         =         0.00         Fee (\$)         Fee (\$)         Fee Paid (\$)			Fee Paid (				
HP = highest number of total claims paid for, if greater than 20.							
Indep. Claims Extra Claims		Pald (\$)				_	
2 -3= 0 >	0.00						
HP = highest number of independent claims paid for, if greater than 3.							
3. APPLICATION SIZE FEE							
If the specification and drawings ex							
listings under 37 CFR 1.52(e)), sheets or fraction thereof. See 3	5 U.S.C. 41(a)(1)(G) and	37 CFR 1.16(s).	or small en	iity) ior each i	additional 5	U	
Total Sheets Extra Sheet		additional 50 or frac	tion thereof	Fee (\$)	Fee	Paid (\$)	
- 100 =	/50 =	(round up to a who	de number) >	·			
4. OTHER FEE(S) Fees Paid (\$)							
Non-English Specification, \$130 fee (no small entity discount)							
Other (e.g., late filing surcharge): 2253 Extension for response within third month 525.00							
SUBMITTED BY		Desistantian No.					
Signature	1	Registration No. (Altorney/Agent)	25,351	Telephone	(212) 527-7700		
Name (Print/Type) S. Peter Ludwig	,			Dale :	September	12, 2008	

Express Mail Labol No.	Dated:	